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**UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF NEW JERSEY**

RAFAEL J. OLMO,

Plaintiff,

v.

DONIQUE IVERY, ABU AHSAN, LANCE
CARVER, UNIVERSITY CORRECTIONAL
HEALTH CARE and NEW JERSEY
DEPARTMENT OF CORRECTIONS,

Defendants.

Civil Action No. 3:16-2647-MAS-LHG

**AMENDED COMPLAINT
AND JURY DEMAND**

This is a civil rights action filed by plaintiff Rafael J. Olmo, a state prisoner, for damages under 42 U.S.C. § 1983, alleging delay and denial of medical treatment in violation of the Eighth and the Fourteenth Amendments to the United States Constitution, and retaliation for filing grievances and seeking redress in violation of the First and Fourteenth Amendments to the United States Constitution.

JURISDICTION

1. This is an action brought under the Civil Rights Act enacted by Congress to redress the deprivation, under color of state law of rights secured by the laws and Constitution of the United States of America. 42 U.S.C. § 1983. This court has original jurisdiction over plaintiff's claims pursuant to 28 U.S.C. § 1331 and 1343(a)(3). Jurisdiction over plaintiff's claims for declaratory relief can be found at 28 U.S.C. § 2201 and 2202. Jurisdiction over

plaintiff's claims for injunctive relief can be found at 28 U.S.C. § 2283 and § 2284, and Rule 65 of the Federal Rules of Civil Procedure.

VENUE

2. The District Court of New Jersey is the appropriate venue under 28 U.S.C. § 1391(6)(2) because the events or omissions giving rise to the claims occurred in this district.

PREVIOUSLY DISMISSED ACTIONS

3. Plaintiff has not filed any lawsuits with this court.

PARTIES

4. Plaintiff, Rafael J. Olmo, is a state prisoner convicted and sentenced by a New Jersey State Superior Court. Plaintiff is a citizen of the United States. Plaintiff is currently confined at New Jersey State Prison (hereafter "NJSP") P.O. Box 861, Trenton, NJ 08625. At all times relevant to this complaint defendants were acting under color of state law.

5. Defendant, Donique Ivery, was a nurse practitioner at NJSP, during the violations complained of by plaintiff. Defendant Ivery is an employee of University Corrections Health Care (hereafter "UCHC") an affiliate at Rutgers which subcontracts its employees to provide medical services at NJSP. Defendant Ivery while at NJSP, had the responsibility for providing medical care and treatment to prisoners which included making referrals for prisoners to see a specialist when appropriate. Upon Information and belief, Defendant Ivery currently carries out her official duties at Central Reception Assignment Facility Stuyvesant Avenue Trenton, NJ 08618. Defendant Ivery is being sued in her individual and official capacity.

6. Defendant, Abu Ahsan was a doctor at NJSP, during the violations complained of by plaintiff. Defendant Ahsan is an employee of UCHC an affiliate at Rutgers which subcontracts its employees to provide medical services at NJSP. Defendant Ahsan, while at NJSP, had the overall supervisory authority to approve or deny a specific medical care or

treatment to be given to prisoners. Defendant Ahsan also had the responsibility for providing medical care and treatment to prisoners which included making referrals for prisoners to see a specialist when appropriate. Upon information and belief, Defendant Ahsan currently carries out his official duties at Central Reception Assignment Facility, Stuyvesant Avenue, Trenton, NJ 08618. Defendant Ahsan is being sued in his individual and official capacity.

7. Defendant, Lance Carver, is a nurse at NJSP, during the violations complained of by plaintiff. Defendant Carver is an employee of UCHC an affiliate at Rutgers which subcontracts its employees to provide medical services at NJSP. Defendant was a nurse, and has the responsibility for providing medical care and treatment to prisoners which includes making referrals for prisoners to see a nurse practitioners or a doctor when appropriate. Defendant Carver is being sued in his individual and official capacity.

8. Defendant New Jersey Department of Corrections (“NJDOC”), was at all times relevant herein, owned, operated and/or controlled adults prisons where the plaintiff was incarcerated, and who was required to provide all medical treatment to plaintiff.

9. Defendant University Correctional Health Care (“UCHC”), was at all times relevant herein, a private medical contractor, hired by the NJDOC, who provided and was required to provide all medical treatment and care to prisoners at the New Jersey State Prison in Trenton, New Jersey, and who employed all of the medical staff that provided medical treatment to plaintiff.

FACTS

10. On or about the summer of 2013, while plaintiff was being detained in the Atlantic County Justice Facility in New Jersey waiting trial he suffered a series of debilitating symptoms that called for urgent care. Soon thereafter a neurologist diagnosed plaintiff with having the neurological disorder known as Multiple Sclerosis.

11. On or about 2014, plaintiff convicted, sentenced and transported to NJSP, which was owner, operated and/or controlled by NJDOC. Upon arriving at NJSP, the medical department of NJSP, NJDOC and UCHC staff were notified of plaintiff's medical condition by the medical department at Atlantic County Justice Facility.

12. Plaintiff went through a screening process commonly referred to as quarantine, which called for plaintiff to be assessed by NJSP medical department prior to plaintiff being released into the prison's general population. Throughout the assessment, plaintiff alerted custody staff as well as UCHC medical personnel to his multiple sclerosis diagnosis.

13. Approximately a week later, plaintiff was cleared from quarantine. Eventually, plaintiff was offered an institutional job as a cell block worker in the detention area of the prison. The job detail included sweeping and mopping floors, and taking out the trash.

14. A few days after plaintiff was offered the job assignment he was ordered to move from 1 tier, which is commonly referred to as the flats, to 2 tier, which is a floor above the flats, to be housed there according to his job assignment.

15. Plaintiff informed the cell block officer, Mr. M. Edwards, that because of plaintiff's medical condition he was restricted from upper tier housing and showed Correctional Officer Mr. M. Edwards his lower level medical bottom bunk pass. Correctional Officer Mr. M. Edwards took notice of the pass and ordered plaintiff to remain on tier 1. Plaintiff started his new job assignment while still being housed on tier 1. However, an officer on the second shift had a problem with this arrangement and this officer expressed his disapproval to the medical department restriction.

16. On or about February 24, 2015, plaintiff was scheduled for a medical appointment with UCHC to clarify his housing unit. Plaintiff met with Defendant Ivery of UCHC. During

the appointment Defendant Ivery told plaintiff that she was going to remove plaintiff's housing restriction because plaintiff did not meet the medical requirements. When plaintiff stated his medical condition met the lower level housing criteria Defendant Ivery became upset and gave plaintiff an ultimatum to either continue working without his medical pass or keep the medical pass, but, lose his job assignment. Plaintiff told Defendant Ivery he was going to file a grievance against her for violating policy. Defendant Ivery then left the trauma room where the appointment was taking place and returned with Dr. Ahsan of UCHC.

17. Defendant Ahsan of UCHC told plaintiff since plaintiff was still working he no longer needed the lower level bottom bunk medical pass. Plaintiff informed defendant Ahsan the policy which stated that plaintiff was to be housed on 1 tier, and there was nothing in the policy that stated plaintiff could not be housed on 1 tier and work. Defendant Ahsan responded by telling plaintiff he makes policy and what he says goes. Plaintiff told UCHC staff that he was going to file grievances against them for violating policy.

18. On or about February 25, 2015, plaintiff submitted an Inmate Remedy Form (hereafter IRF) about the incident. See: Exhibit A, Inquiry Form, and IRF Complaint.

19. On or about May 26, 2015, plaintiff was scheduled for his regular chronic care check up with UCHC to examine any concerns or problems related to plaintiff's multiple sclerosis. He saw Defendant Ivery. As plaintiff entered the examining room, Defendant Ivery made a comment referring to plaintiff as the guy who likes to write people up. During the UCHC appointment, when plaintiff complained about slight numbness, pains in his hands, feet, and very bad migraine headaches which are all symptoms associated with early signs of relapse in plaintiff's multiple sclerosis condition, Defendant Ivery refused to examine plaintiff or inquire about his concerns complained of. Plaintiff complained to Defendant Ivery that she was not

doing her job and Defendant Ivery responded if plaintiff needed medical attention to see someone else because she doesn't help people who write her up. UCHC staff and Defendant Ivery refused to order medicine for plaintiff. UCHC staff and Defendant Ivery refused to help plaintiff request his medical records from Atlantic County Justice Facility. UCHC staff and Defendant Ivery also refused to refer plaintiff to a neurologist. Defendant Ivery then told plaintiff the appointment was over and he could leave. Plaintiff told Defendant Ivery he was going to file another grievance against her, which she responded by saying "that's exactly why you're not getting any help from me. Bye bye."

20. Afterwards, plaintiff submitted another sick call slip since his medical concerns were not addressed by UCHC staff.

21. On or about May 31, 2015, plaintiff filed an IRF about the incident with Defendant Ivery and requested medical attention from UCHC staff. See: Exhibit B, Inquiry Form, and IRF Complaint.

22. On or about June 6, 2015, plaintiff was awakened by extreme pains and noticed his body was numb and had limited movement. Plaintiff notified the cell block officer about his condition and requested the medical department and UCHC staff be made aware of his condition and to bring plaintiff's medication. Defendant Carver of UCHC arrived without plaintiff's medication and refused to examine plaintiff. Plaintiff informed defendant Carver that he was in a lot of pain, that his body was numb, and he was unable to sit up. Defendant Carver told plaintiff he was scheduled for a medical appointment with UCHC and if he wanted to be examined, plaintiff would have to sit up in a wheelchair and go to the clinic. Plaintiff once again told UCHC staff that he was in a lot of pain and could not sit up. Defendant Carver refused to call a code 53, which is an emergency medical assistance call, to have plaintiff taken to the clinic

on a gurney. Plaintiff told defendant Carver he was going to file an IRF against him for refusing plaintiff medical treatment. Defendant Carver left plaintiff in his cell on the floor writhing in pain. This conduct of defendant Carver was witnessed by the Correctional Officer who had escorted defendant Carver to plaintiff's cell block, the cell block officer, and several prisoners. Plaintiff was excused from work because of his condition.

23. Afterwards, plaintiff submitted a sick call slip seeking the medical attention that he did not receive from UHC staff.

24. On or about June 6, 2015, plaintiff filed an IRF about the incident with defendant Carver. See: Exhibit C, Inquiry Form and IRF Complaint.

25. On or about June 7, 2015, plaintiff was relieved from his job assignment due to medical concerns.

26. On or about June 9, 2015, plaintiff was scheduled for a medical appointment with Nurse Practitioner Adams. During the appointment plaintiff complained about numbness, pains, difficulty walking, very bad migraines headaches, and loss of vision. Plaintiff also requested help in getting his medical records from Atlantic County Justice Facility and a referral to see a neurologist. After the appointment and when the examination was finished Nurse Practitioner Adams told plaintiff she was referring him to see a neurologist. Nurse Practitioner Adams then provided plaintiff with a release form to fill out and sign so NJSP, could get plaintiff's medical records from Atlantic County Jail.

27. On or about June 16, 2015, due to plaintiff's medical condition, the Prison Classification Committee assigned plaintiff to cell sanitation, which change operated as a job assignment termination from his prior work detail. This change in work status reduced the amount of money Plaintiff earned from work detail.

28. On or about June 19, 2015, plaintiff was scheduled for a medical appointment with Dr. Taboadia, a neurologist at Saint Frances Medical Center (hereafter St. Francis) in Trenton, NJ. During the appointment plaintiff informed Dr. Taboadia about the numbness, pains, difficulty in walking, very bad migraine headaches, and loss of vision that he was experiencing. Dr. Taboadia reviewed plaintiff's medical records with him while conducting the examination. Dr. Taboadia informed plaintiff what plaintiff was experiencing were classic symptoms of a relapse in his condition multiple sclerosis. Dr. Taboadia informed plaintiff he was going to recommend steroid IV treatments. This is a treatment plaintiff had received in the past to treat his condition. Dr. Taboadia told plaintiff he should receive treatments when he returned to NJSP. However, when plaintiff returned to the prison he did not receive the steroid IV treatments by UCHC staff as prescribed by Dr. Taboadia.

29. Plaintiff submitted a sick call slip.

30. On or about June 20, 2015, plaintiff filed an IRF requesting the IV treatment.
See: Exhibit D, Inquiry Form IRF Complaint.

31. On or about June 23, 2015, plaintiff was scheduled for a medical appointment with Nurse Practitioner Adams. During the appointment Plaintiff and Nurse Practitioner Adams discussed the neurologist visit and IV treatment. Plaintiff once again requested the IV treatment and asked Nurse Practitioner Adams why he had not received it. Nurse Practitioner Adams told plaintiff the reason he was not getting the IV treatment was because it had not been ordered by UCHC staff.

32. On or about June 24, 2015, plaintiff submitted a sick call slip.

33. On or about June 29, 2015, plaintiff was unable to walk or move around on his own.

34. On or about June 30, 2015, plaintiff was taken to the clinic for an appointment with Nurse Brewin in a wheel chair. During the appointment plaintiff again complained about his now worsening condition and asked for the IV treatment from UCHC staff. Nurse Brewin told plaintiff the IV treatment had to be ordered by UCHC staff.

35. On or about July 1, 2015, plaintiff was admitted to the prison's infirmary to receive the IV treatments, but, was told he had to wait to see UCHC staff before he could receive the treatments. Plaintiff was allowed to keep the wheel chair in his cell to help him reach the toilet and sink.

36. On or about July 2, 2015, plaintiff finally saw UCHC staff for treatment. He was seen by defendant Ahsan. The first words defendant Ahsan said to plaintiff was "haven't we met before?" Defendant Ahsan visited plaintiff in the infirmary. During the visit plaintiff asked who from UCHC was in charge of ordering the IV treatments, and why it took so long for plaintiff to receive it from UCHC. Defendant Ahsan told plaintiff he was in charge of everything and people who don't complain get better treatment. Defendant Ahsan then told a nurse to go get the IV treatment from the medication cabinet. Plaintiff received his first IV treatment of Solu-Medrol 250 mg from UCHC staff.

37. On or about July 3, 2015, plaintiff received his second IV treatment of Solu-Medrol 500 mg from UCHC staff.

38. On or about July 4, 2015, plaintiff received his third IV treatment of Solu Medrol o500 mg from UCHC staff.

39. On or about July 6, 2015, plaintiff was cleared from the infirmary. Since then plaintiff have submitted numerous IRF complaints against UCHC staff. See: Exhibit E, Inquiry Form IRF Complaint, and Exhibit F Inquiry Form and IRF Complaint.

40. As a result of defendants' delay and denial of medical treatment and retaliation for filing IRF complaints and seeking redress from UCHC staff, plaintiff has suffered excruciating and unnecessary wanton pain, loss of function impairment in his right leg and loss of vision in his right eye which effects plaintiff's daily activities and causes mental distress.

41. In 2015, a specialist recommended Neurontin as treatment for plaintiff, in order to relieve some of the severe multiple sclerosis symptoms suffered by plaintiff.

42. Following the specialist's recommendation, Neurontin was prescribed by UCHC by and through its staff.

43. Neurontin is distributed as a 'keep on person' medication ("KOP").

44. KOP medications can be kept in plaintiff's cell.

45. Neurontin needs to be automatically refilled monthly, without the need for refill slips.

46. Plaintiff also receives a daily injection for his medical condition.

47. UCHC's staff are in charge of and have access to the automatic refill system(s).

48. UCHC's staff must make sure that KOPs are ordered and provided to plaintiff in a timely fashion.

49. When plaintiff began taking Neurontin, plaintiff's nerve pain diminished to a tolerable level.

50. Unfortunately, plaintiff was only provided with timely refill of Neurontin for approximately five (5) months.

51. Thereafter, in or around April 2016, UCHC's staff failed to automatically refill plaintiff's monthly prescription of Neurontin.

52. When plaintiff went for his daily injection, he informed UCHC medical staff that his KOP prescription needed to be refilled and reminded UCHC medical staff of his medical condition.

53. UCHC staff then directed plaintiff to submit a KOP refill request, instead of UCHC staff automatically refilling the prescription as required. UCHC staff told plaintiff that upon submitting this request, his KOP prescription would be refilled in several days.

54. Although the KOP was required to be refilled automatically, plaintiff submitted several KOP refill requests.

55. Over the course of several weeks, UCHC staff ignored plaintiff's KOP refill requests and refused to automatically refill plaintiff's KOP prescription.

56. Plaintiff complained to UCHC staff that his KOP prescription was not being filled. Plaintiff was told by UCHC staff that there was "nothing they could do because [UCHC staff] were the ones in charge, and they already knew about the situation."

57. On May 4, 2016, plaintiff filed a remedy form complaining about not receiving his KOP medication and asked when he would receive the KOP medication. See: Exhibit G.

58. On May 18, 2016, plaintiff received only a three (3) day supply of his KOP prescription.

59. Plaintiff finally received a full month's supply of his KOP prescription on May 25, 2016.

60. Plaintiff filed a remedy form on May 26, 2016. See: Exhibit H.

61. Plaintiff filed a Tort Claims Notice for the April 2016 to May 2016 refusal to provide adequate medical care. See: Exhibit I, Tort Claims Notice.

62. Plaintiff has exhausted all available IRF complaints pursuant to 42 U.S.A. § 1997(e).

CLAIMS FOR RELIEF

COUNT I - DELIBERATE INDIFFERENCE TO MEDICAL NEEDS

Defendant Ivery

63. Plaintiff repeats and incorporates herein by reference each and every allegation in paragraphs 1 through 61 as though fully set forth herein.

64. Defendant Ivery's knowledge of plaintiff's chronic illness, pain and suffering and intentional refusal to provide adequate medical care in order to punish plaintiff constitutes a violation of the Eighth and Fourteenth Amendment to the United States Constitution.

65. The failure of Defendant Ivery to properly treat plaintiff's chronic condition after having confirmation of plaintiff's multiple sclerosis and the treatment needed as prescribed by a neurologist constitutes deliberate indifference to plaintiff's serious medical needs in violation of the Eighth and Fourteenth Amendment to the United States Constitution.

66. As a result of Defendant Ivery's malicious, capricious, and deliberate indifference to plaintiff's serious medical needs, plaintiff was deprived of relief and suffered wanton pain unnecessarily and mental distress in violation of the Eighth and Fourteenth Amendment to the United States Constitution, and now, plaintiff suffers from loss of function in his right leg and loss of vision in his right eye.

COUNT II - DELIBERATE INDIFFERENCE TO MEDICAL NEEDS

Defendant Ahsan

67. Plaintiff repeats and incorporates herein by reference each and every allegation in paragraphs 1 through 66 as though fully set forth herein.

68. Defendant Ahsan's refusal to provide plaintiff with the required IV treatments was a deliberate delay in providing treatment recommended by Dr. Taboadia to punish plaintiff and

prolong his pain and suffering unnecessarily because plaintiff filed IRF complaints against him violates the Eighth and Fourteenth Amendments to the United States Constitution.

69. The failure of defendant Ahsan to properly treat plaintiff's chronic condition after having confirmation of plaintiff's multiple sclerosis and the treatment needed as prescribed by a neurologist constitutes deliberate indifference to plaintiff's serious medical needs in violation of the Eighth and Fourteenth Amendment to the United States Constitution.

70. As a result of defendant Ahsan's malicious, capricious, and deliberate indifference to plaintiff's serious medical needs, plaintiff was deprived of relief and suffered wanton pain unnecessarily and mental distress in violation of the Eighth and Fourteenth Amendment to the United States Constitution, and now, plaintiff suffers from loss of function in his right leg and loss of vision in his right eye.

COUNT III - DELIBERATE INDIFFERENCE TO MEDICAL NEEDS
Defendant Carver

71. Plaintiff repeats and incorporates herein by reference each and every allegation in paragraphs 1 through 71 as though fully set forth herein.

72. Defendant Carver's refusal to provide plaintiff with medical attention when plaintiff's condition was so obvious that even a lay person could easily recognize plaintiff needed the attention of medical treatment constituted a violation of the Eighth and Fourteenth Amendment to the United States Constitution.

73. The failure of defendant Carver to properly treat plaintiff's chronic condition after having confirmation of plaintiff's multiple sclerosis and the treatment needed as prescribed by a neurologist constitutes deliberate indifference to plaintiff's serious medical needs in violation of the Eighth and Fourteenth Amendment to the United States Constitution.

74. As a result of defendant Carver's malicious, capricious, and deliberate indifference to plaintiff's serious medical needs, plaintiff was deprived of relief and suffered wanton pain unnecessarily and mental distress in violation of the Eighth and Fourteenth Amendment to the United States Constitution, and now, plaintiff suffers from loss of function in his right leg and loss of vision in his right eye.

COUNT IV - DELIBERATE INDIFFERENCE TO MEDICAL NEEDS

Defendant UCHC

75. Plaintiff repeats and incorporates herein by reference each and every allegation in paragraphs 1 through 75 as though fully set forth herein.

76. Staff of UCHC continually and persistently refuse or ignore plaintiff's medical needs.

77. Staff of UCHC have failed to or intentionally refused to treat plaintiff's condition, which treatment UCHC and its staff were required to provide.

78. Plaintiff relied upon UCHC and its staff to provide the necessary and required medical treatment to him.

79. UCHC and its staff have a duty to provide competent and adequate medical care.

80. This duty was and continues to be a non-delegable duty of UCHC and its staff.

81. UCHC's staff's refusal to provide plaintiff with medical attention when plaintiff's condition was so obvious that even a lay person could easily recognize plaintiff needed the attention of medical treatment constituted a violation of the Eighth and Fourteenth Amendment to the United States Constitution.

82. The failure of UCHC's staff to properly treat plaintiff's chronic condition after having confirmation of plaintiff's multiple sclerosis and the treatment needed as prescribed by a

neurologist constitutes deliberate indifference to plaintiff's serious medical needs in violation of the Eighth and Fourteenth Amendment to the United States Constitution.

83. As a result of UCHC's staff's malicious, capricious, and deliberate indifference to plaintiff's serious medical needs, plaintiff was deprived of relief and suffered wanton pain unnecessarily and mental distress in violation of the Eighth and Fourteenth Amendment to the United States Constitution, and now, plaintiff suffers from loss of function in his right leg and loss of vision in his right eye.

84. As a result of UCHC's staff's malicious, capricious, and deliberate indifference to plaintiff's serious medical needs, plaintiff was deprived of relief and suffered wanton pain unnecessarily and mental distress in violation of the Eighth and Fourteenth Amendments to the United States Constitution, and now, plaintiff suffers from loss of function in his right leg and loss of vision in his right eye.

85. UCHC's lack of policies and procedures, or insufficient existing policies and procedures, related to proper treatment and monitoring, caused plaintiff actual and continuing injury.

COUNT V - DELIBERATE INDIFFERENCE TO MEDICAL NEEDS
Defendant NJDOC

86. Plaintiff repeats and incorporates herein by reference each and every allegation in paragraphs 1 through 85 as though fully set forth herein.

87. Staff of NJDOC continually and persistently refuse or ignore plaintiff's medical needs.

88. Staff of NJDOC have failed to or intentionally refused to treat plaintiff's condition, which treatment UCHC and its staff were required to provide.

89. Plaintiff relied upon NJDOC and its staff to provide the necessary and required medical treatment to him.

90. NJDOC and its staff have a duty to provide competent and adequate medical care.

91. This duty was and continues to be a non-delegable duty of NJDOC and its staff.

92. NJDOC's staff's refusal to provide plaintiff with medical attention when plaintiff's condition was so obvious that even a lay person could easily recognize plaintiff needed the attention of medical treatment constituted a violation of the Eighth and Fourteenth Amendments to the United States Constitution.

93. The failure of NJDOC's staff to properly treat plaintiff's chronic condition after having confirmation of plaintiff's multiple sclerosis and the treatment needed as prescribed by a neurologist constitutes deliberate indifference to plaintiff's serious medical needs in violation of the Eighth and Fourteenth Amendment to the United States Constitution.

94. As a result of NJDOC's staff's malicious, capricious, and deliberate indifference to plaintiff's serious medical needs, plaintiff was deprived of relief and suffered wanton pain unnecessarily and mental distress in violation of the Eighth and Fourteenth Amendment to the United States Constitution, and now, plaintiff suffers from loss of function in his right leg and loss of vision in his right eye.

95. As a result of UHC's staff's malicious, capricious, and deliberate indifference to plaintiff's serious medical needs, plaintiff was deprived of relief and suffered wanton pain unnecessarily and mental distress in violation of the Eighth and Fourteenth Amendments to the United States Constitution, and now, plaintiff suffers from loss of function in his right leg and loss of vision in his right eye.

96. NJDOC's lack of policies and procedures, or insufficient existing policies and procedures, related to proper treatment, monitoring, and employee hiring, retention and/or training, caused plaintiff actual and continuing injury.

COUNT VI - RETALIATION

Defendant Ivery

97. Plaintiff repeats and incorporates herein by reference each and every allegation in paragraphs 1 through 96 as though fully set forth herein.

98. The refusal of Defendant Ivery to provide adequate medical care to plaintiff as a result of plaintiff having filed grievances against her constitutes retaliation in violation of the First and Fourteenth Amendment of the United States Constitution.

99. Defendant Ivery malicious, capricious, and intentional delayed in providing plaintiff with his much needed and prescribed IV treatments by a neurologist as a result of plaintiff having filed grievances against defendant Ahsan constitutes retaliation in violation of the First and Fourteenth Amendments of the United States Constitution.

100. As a result of Defendant Ivery's delay in providing plaintiff's IV treatments plaintiff suffered excruciating pain unnecessarily, loss of full function of plaintiff's right leg which impairs plaintiff's daily activities and causes mental distress. Plaintiff also suffers from loss of vision in his right eye.

COUNT VII - RETALIATION

Defendant Ahsan

101. Plaintiff repeats and incorporates herein by reference each and every allegation in paragraphs 1 through 100 as though fully set forth herein.

102. The refusal of defendant Ahsan to provide adequate medical care to plaintiff as a result of plaintiff having filed grievances against her constitutes retaliation in violation of the First and Fourteenth Amendments of the United States Constitution.

103. Defendant Ahsan malicious, capricious, and intentional delayed in providing plaintiff with his much needed and prescribed IV treatments by a neurologist as a result of plaintiff having filed grievances against defendant Ahsan constitutes retaliation in violation of the First and Fourteenth Amendments of the United States Constitution.

104. As a result of defendant Ahsan's delay in providing plaintiff's IV treatments plaintiff suffered excruciating pain unnecessarily, loss of full function of plaintiff's right leg which impairs plaintiff's daily activities and causes mental distress. Plaintiff also suffers from loss of vision in his right eye.

COUNT VIII - RETALIATION
Defendant Carver

105. Plaintiff repeats and incorporates herein by reference each and every allegation in paragraphs 1 through 104 as though fully set forth herein.

106. The refusal of defendant Carver to provide adequate medical care to plaintiff as a result of plaintiff having filed grievances against her constitutes retaliation in violation of the First and Fourteenth Amendments of the United States Constitution.

107. Defendant Carver malicious, capricious, and intentional delayed in providing plaintiff with his much needed and prescribed IV treatments by a neurologist as a result of plaintiff having filed grievances against defendant Ahsan constitutes retaliation in violation of the First and Fourteenth Amendments of the United States Constitution.

108. As a result of defendant Carver's delay in providing plaintiff's IV treatments plaintiff suffered excruciating pain unnecessarily, loss of full function of plaintiff's right leg

which impairs plaintiff's daily activities and causes mental distress. Plaintiff also suffers from loss of vision in his right eye.

REQUEST FOR RELIEF

Plaintiff incorporates the preceding paragraphs by reference herein. WHEREFORE, Plaintiff seeks the following relief:

1. Actual and compensatory damages sufficient to make him whole
2. Prospective equitable relief;
3. Punitive damages against all Defendants sufficient to punish them and to deter further wrong doing;
4. Attorneys' fees, litigation expenses, and costs; and
5. Such other relief the Court deems just and proper.

Respectfully submitted,

SZAFERMAN, LAKIND
BLUMSTEIN & BLADER, P.C.
Attorneys for Plaintiff

Dated: October 24, 2017

By: /s/ Arnold C. Lakind, Esq.
Arnold C. Lakind, Esq.

JURY DEMAND

Pursuant to Federal Rule of Civil Procedure 38, plaintiff hereby demands a trial by jury in the above-captioned action of all issues triable by jury.

Respectfully submitted,

SZAFERMAN, LAKIND
BLUMSTEIN & BLADER, P.C.
Attorneys for Plaintiff

Dated: October 24, 2017

By: /s/ Arnold C. Lakind, Esq. _____
Arnold C. Lakind, Esq.

EXHIBIT A

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NJDOC INMATE INQUIRY FORM

Must Be Placed in The Inmate Remedy System Box

Complete One Form For Each Department / Program / Service.

(MARQUE SOLAMENTE UN DEPARTAMENTO / PROGRAMA / SERVICIO POR FORMULARIO)

ADMINISTRATION		FOOD SERVICES		MEDICAL / MENTAL HEALTH / DENTAL		PAROLE		RCRP COMM. PROGRAMS		RELIGIOUS SERVICES		SOCIAL SERVICES	
Housing Status		Denied / Not Received Diet		Class Sign-up / Completed Programs		Address Change / Parole Plan		Denial of Program		Certificate Completions		Family Emergency	
Program Removal		Food Allergies		Concerns		Opt Out of Parole Hearing		Eligibility Criteria		Religious Classifications		Marriage Request	
Reinstate Contact Visit		Food Issues / Prep		Co-Pay Refunds		Parole Board Hearings		Status of Application		Religious Diets		Program Enrollment / Completion	
BUSINESS OFFICE		Proper Special Diet		Emergencies		PED Calculations				Religious Items		Release ID / BC / SSN Card / MVC / Vet Asst.	
Business Remits / Receipts				Eye Glasses								Release Planning	
Check / Money Order				Medical Records								SSI / SSDI / Affordable Healthcare	
Fine Payments				Medication								TDD	
Refunds				M007 Form								Others	
State Pay				Referrals									
Statements				Dental									
CLASSIFICATION													
Citizenship													
Detainers / Open Charges													
Institutional Transfer													
Interstate Status													
Job Eligibility													
Problem w/ Sentence Calc.													
Restoration of Comm Time													
SASRC													
Status													
Work Credit													
CUSTODY													
Cell Moves													
General													
Housing Unit Issues													
CUSTODY / MAIL ROOM													
Status on Purchases													
Incoming Mail													
Legal Mail													
Outgoing Mail													
EDUCATION / LAW LIB													
Certificates													
College Courses / CED / Classes													
Programs													
Legal Call													
Paralegal Assist / Supplies													

THIS SECTION TO BE COMPLETED BY INMATE			
Inmate Name:	Robert (Name)	Date:	02/25/15
State Number:	900429	SBI#:	3553450
Housing Unit:	04101	Work Detail Hours:	1 left corner
REQUEST: I am being housed in a cell with a bad odor and no ventilation. I am also being housed in a cell with a bad odor and no ventilation. I am also being housed in a cell with a bad odor and no ventilation.			
FOR OFFICIAL USE ONLY			
(PARA USO OFICIAL SOLAMENTE - NO ESCRIBIR EN EL AREA SOBREADA)			
Date Received:			
Staff Receiving Request:			
THIS FORM CANNOT BE PROCESSED:			
(Usted ha sido citado para entrevista en)			
You have been scheduled for an interview on:			
Check the Daily Appointment Schedule for your name.			
Staff Response:			
IF YOU NEED ASSISTANCE IN COMPLETING THIS FORM, SEE YOUR HOUSING UNIT SOCIAL WORKER.			
(SI USTED NECESITA AYUDA COMPLETANDO ESTE FORMULARIO, VEA A SU TRABAJADOR SOCIAL DE UNIDAD)			

OSAPAS	
Living in Balance	
N/A and A/A	
Engaging the Family	
RPP	

VISITS	
Denied Visitors	
Ex-Offender Visits	
Issues at Visits	

SID	
K/S	
PC	
STG	
Visitor Ban	

NEW JERSEY DEPARTMENT OF CORRECTIONS
(DEPARTAMENTO DE CORRECCIONES DE NUEVA JERSEY)

NJSP-006601

INMATE GRIEVANCE
(QUEJAS DE LOS RECLUSOS)

Received 6/1/15

You must file a formal grievance within 14 business days of the unsuccessful outcome of an informal complaint.

Did you file an informal complaint about this issue? Yes ☒ No ☐ If so, with whom? Medical Date: 02/25/15
Please attach a copy of the inmate inquiry form indicating that you attempted to resolve this complaint.

PART (PARTE 1)

INMATE'S NAME (NOMBRE) Rafael Otero SBI NUMBER (NUMERO DE SBI) 5553450 DATE (FECHA) 04/06/15INSTITUTION NJSP
(INSTITUCION)HOUSING UNIT 6R
(UNIDAD DE VIVENDA)

****PLEASE RETAIN PINK COPY FOR YOUR RECORDS

TYPE OF GRIEVANCE (Only Check one box)
TIPO DE SOLICITUD (SOLO UNA CASILLA)

ADA <input type="checkbox"/>	Custody <input type="checkbox"/>	Mailroom <input type="checkbox"/>	STD <input type="checkbox"/>
Administrative Offices <input type="checkbox"/>	Education <input type="checkbox"/>	Medical/Dental/Mental Health <input checked="" type="checkbox"/>	Social Services <input type="checkbox"/>
Business Office <input type="checkbox"/>	Food Service <input type="checkbox"/>	Parole <input type="checkbox"/>	Visits <input type="checkbox"/>
Classification <input type="checkbox"/>	Law Library <input type="checkbox"/>	RCRP/Comm Programs <input type="checkbox"/>	

State Your Grievance (Who, What, Where & When): Medical has yet to respond to my 02/25/15 inquiry (see attachment) which states as follows: Due to my medical condition, according to policy I am to be housed flats and bottom bunk only, however, my condition does not prevent me from having an institutional job. I am requesting to know why was my housing status (flats lower bunk) changed? I incorporate the attached concern in this grievance and would appreciate a response. I hope there won't be any kind of retaliation against me for addressing this concern.

PART (PARTE 2) - No action taken on this form - DOC Redirección form issue with paragraph(s) 1 marked.
(No se tomó ninguna medida en este formulario. Se proveyó el formulario de DOC Redirección Form con el (los) párrafo(s) 1 marcado(s).)

CASE NUMBER 15-01-0107
(NUMERO DEL CASO) YEAR 15 MONTH 01 CASE NUMBER 0107
(AÑO) (MES) (NUMERO DEL CASO)

RECEIVED BY MS DATE FORWARDED TO DEPT 120
(RECIBIDO POR) (FECHA EN QUE SE ENVIO AL DEPARTAMENTO)

DEPARTMENT Medical
(DEPARTAMENTO)

PART (PARTE 3) STAFF RESPONSE AREA (AREA DE RESPUESTA DEL PERSONAL)

Your flat/bottom bunk order changed when you saw the prison AND medical. After on 4/24/15. You stated you got that bunk that you have a job in the west which requires you to work up a whole shift and you can't be on the job. You are able to work up down stairs, you do not need a special housing order.

STAFF SIGNATURE (FIRMA DEL PERSONAL) [Signature] DATE (FECHA) 6/1/15

SIGNATURE OF ADMINISTRATIVE DESIGNEE [Signature] DATE (FECHA) 6/1/15
(Firma del La Persona Administrativa Correspondiente Del grado Por El)

PART (PARTE 4) INMATE'S ADMINISTRATIVE APPEAL INFORMATION (INFORMACION DE APELACION ADMINISTRATIVA DEL CONFINADO)

This is unacceptable. Ms. Every and Dr. Ahn's determination is against policy. I have an episodic medical condition which permits the order. Having an institutional job shouldn't remove the status.

ADDITIONAL ATTACHMENTS 1
(DOCUMENTOS ADJUNTOS ADICIONALES)

INMATE'S SIGNATURE (Firma del Confinado) [Signature]

DATE (FECHA) 6/25/2015

PART (PARTE 5)

DATE APPEAL RECEIVED
(FECHA EN QUE SE RECIBIO LA APELACION)

DATE APPEAL RETURNED
(FECHA EN QUE SE DEVOLVIO LA APELACION)

APPEAL DECISION AND ADMINISTRATOR'S COMMENTS ☐ UPHOLD (CONFIRMADA) ☐ MODIFIED (MODIFICADO) ☐ DENIED (NEGADA)

Original Response Appropriate and consistent to Medical Policies & Procedures as recommended by designated staff.

ADMINISTRATOR'S SIGNATURE (FIRMA DEL ADMINISTRADOR) [Signature]

DATE (FECHA) 7/8/15

Distribution: Original (Original) Department of Corrections Request / Remedy File Copy (Copied to Archive of Prison / Remedio de Departamento de Correcciones)
(Yellow) (Amarillo) Inmate's Copy (Original) and If Required Appeal Answer) Copy of Confinado (Original) y si se requiere la Contestación de Apelación
(Pink) (Rosado) Inmate's Copy (Copied to Confinado)

A2

EXHIBIT B

NJDOC INMATE INQUIRY FORM

Must Be Placed In The Inmate Remedy System Box

Complete One Form For Each Department / Program / Service.

(MARQUE SOLAMENTE UN DEPARTAMENTO / PROGRAMA / SERVICIO POR FORMULARIO)

ADMINISTRATION	
Housing Status	
Program Removal	
Reinstate Contact Visit	
BUSINESS OFFICE	
Business Remits / Receipts	
Check / Money Order	
Fine Payments	
Refunds	
State Pay	
Statements	
CLASSIFICATION	
Citizenship	
Detainers / Open Charges	
Institutional Transfer	
Interstate Status	
Job Eligibility	
Problem w/ Sentence Calc.	
Restoration of Comm Time	
SASRC	
Status	
Work Credit	
CUSTODY	
Cell Moves	
General	
Housing Unit Issues	
CUSTODY / MAILROOM	
Status on Purchases	
Incoming Mail	
Legal Mail	
Outgoing Mail	
EDUCATION / LAW LIB	
Certificates	
College Courses / GED / Classes	
Programs	
Legal Call	
Paralegal Assist / Supplies	

FOOD SERVICES	
Denied / Not Received Diet	
Food Allergies	
Food Issues / Prep	
Proper Special Diet	
MEDICAL / MENTAL HEALTH / DENTAL	
Class Sign-up / Completed Programs	
Concerns	
Co-Pay Refunds	
Emergencies	
Eye Glasses	
Medical Records	
Medication	
M007 Form	
Referrals	
Dental	
PAROLE	
Address Change / Parole Plan	
Opt Out of Parole Hearing	
Parole Board Hearings	
PED Calculations	
RCRP COMM. PROGRAMS	
Denial of Program	
Eligibility Criteria	
Status of Application	
RELIGIOUS SERVICES	
Certificate Completions	
Religious Classifications	
Religious Diets	
Religious Items	
SOCIAL SERVICES	
Family Emergency	
Marriage Request	
Program Enrollment / Completion	
Release ID / BC / SSN Card / MVC / Vet Asst.	
Release Planning	
SSI / SSDI / Affordable Healthcare	
TDD	
Others	

SID		VISITS		OSAPAS	
K/S		Denied Visitors		Living in Balance	
PC		Ex-Offender Visits		N/A and A/A	
STG		Issues at Visits		Engaging the Family	
Visitor Ban				RPP	
THIS SECTION TO BE COMPLETED BY INMATE					
Inmate Name: <u>Rafael J. Olmo</u> Date: <u>May 31st 2017</u>					
State Number: <u>900479</u> SBI#: <u>553345C</u>					
Housing Unit: <u>6 Right</u> Work Detail Hours: <u>1 Left (runner)</u>					
REQUEST TO MAIN LANE: On 05/26/15 I was denied medical attention by					
MS. Ivory. In so many words she told me she wasn't gonna do					
anything for me because of a disagreement that her and I					
and Dr. Ahmed had in the past. Now if I was in the outside world					
I'd just check my insurance listings and go to someone else but					
unfortunately I don't have too many options in here. Please, I just					
want the medical care I'm entitled to. Thank you.					
FOR OFFICIAL USE ONLY					
(PARA USO OFICIAL SOLAMENTE - NO ESCRIBA EN EL AREA SOMBREADA)					
Date Received:					
Staff Receiving Request:					
THIS FORM CANNOT BE PROCESSED:					
(Usted ha sido citado para entrevista en)					
You have been scheduled for an interview on:					
Check the Daily Appointment Schedule for your name.					
Staff Response:					
IF YOU NEED ASSISTANCE IN COMPLETING THIS FORM, SEE YOUR HOUSING					
UNIT SOCIAL WORKER					
(SI USTED NECESITA AYUDA COMPLETANDO ESTE FORMULARIO, VEA SU					
TRABAJADOR SOCIAL DE UNIDAD)					

Form IRSF-100

NEW JERSEY DEPARTMENT OF CORRECTIONS
(DEPARTAMENTO DE CORRECCIONES DE NUEVA JERSEY)

NJSP-006618

INMATE GRIEVANCE
(QUEJAS DE LOS RECLUSOS)

You must file a formal grievance within 14 business days of the unsuccessful outcome of an informal complaint.

Did you file an informal complaint about this issue? Yes ☒ No ☐ If so, with whom? Medical - 12 (CS, 05/11/16) Date: 05/11/16
Please attach a copy of the Inmate Inquiry Form indicating that you attempted to resolve this complaint. See administrative

PART (PARTE 1)

INMATE'S NAME (NOMBRE): Rafael Omo SBI NUMBER (NUMERO DE SBI): 555345C DATE (FECHA): 05/11/16INSTITUTION: NJSP
(INSTITUCIÓN)HOUSING UNIT: 6R
(UNIDAD DE VIVENDA)

***PLEASE RETAIN PINK COPY FOR YOUR RECORDS

TYPE OF GRIEVANCE (Only Check one box)
TIPO DE SOLICITUD (SOLO UNA CASILLA)

ADA <input type="checkbox"/>	Custody <input type="checkbox"/>	Mailroom <input type="checkbox"/>	SID <input type="checkbox"/>
Administrative Offices <input type="checkbox"/>	Education <input type="checkbox"/>	Medical/Dental/Mental Health <input checked="" type="checkbox"/>	Social Services <input type="checkbox"/>
Business Office <input type="checkbox"/>	Food Service <input type="checkbox"/>	Parole <input type="checkbox"/>	Visits <input type="checkbox"/>
Classification <input type="checkbox"/>	Law Library <input type="checkbox"/>	RCRP/Comm Programs <input type="checkbox"/>	

State Your Grievance (Who, What, Where & When): On 05/26/15, I was denied medical treatment by Ms. Ivery. Ms. Ivery refused to examine me, provide me with medication and refer me to a specialist because of a disagreement that her, Dr. Ahson, and I had in the past which led to me filing an inquiry. Since then I've dropped several sick call slips and remedy forms to get treatment but I still haven't seen the neurologist or the eye specialist and I'm still not getting all the (see attached)

PART (PARTE 2): No action taken on this form. DOC Redirection form issued with paragraph(s) # _____ marked.
[No se tomó ninguna medida en este formulario. Se proyectó el formulario de DOC Redirection Form con el (los) párrafo(s) # _____ indicado(s).]

CASE NUMBER: 15-0077
(NUMERO DEL CASO) YEAR: 15 MONTH: 07
(AÑO) (MES) CASE NUMBER: 0077
(NUMERO DE CASO)

RECEIVED BY: MS DATE FORWARDED TO DEPT: 07/11/16
(RECIBIDO POR) (FECHA EN QUE SE ENVIO AL DEPARTAMENTO)

DEPARTMENT: Medical
(DEPARTAMENTO)

PART (PARTE 3) STAFF RESPONSE AREA (AREA DE RESPUESTA DEL PERSONAL):

Staff Signature (Firma del Personal): 9/1/15 Signature of Administrative Designee (Firma del La Persona Administrativa Correspondiente Designado Por El): 9/3/15

PART (PARTE 4) INMATE'S ADMINISTRATIVE APPEAL INFORMATION (INFORMACIÓN DE APELACION ADMINISTRATIVA DEL CONFINADO):

ADDITIONAL ATTACHMENTS:
(DOCUMENTOS ADJUNTOS ADICIONALES)

INMATE'S SIGNATURE (Firma Del Confinado)

DATE (FECHA)

PART (PARTE 5)

DATE APPEAL RECEIVED:
(FECHA EN QUE SE RECIBIO LA APELACION)DATE APPEAL RETURNED:
(FECHA EN QUE SE DEVOLVIO LA APELACION)

APPEAL DECISION AND ADMINISTRATOR'S COMMENTS: ☐ UPHOLD (CONFIRMADA) ☐ MODIFIED (MODIFICADO) ☐ DENIED (NEGADA)

ADMINISTRATOR'S SIGNATURE (FIRMA DEL ADMINISTRADOR)

DATE (FECHA)

Distribution: (Original) [Original] Department of Corrections Request / Remedy File Copy (Copia del Archivo de Petición / Remedio del Departamento de Correcciones)
(Distribución) (Yellow) [Amarillo] Inmate's Copy (Original / and if required Appeal answer) (Copia del Confinado (Original) y si se requiere la Contestación de Apelación)
(Pink) [Rosado] Inmate's Copy (Copia del Confinado)

B 2

EXHIBIT C

Must Be Placed In The Inmate Remedy System Box

Complete One Form For Each Department / Program / Service.

(MARQUE SOLAMENTE UN DEPARTAMENTO / PROGRAMA / SERVICIO POR FORMULARIO)

ADMINISTRATION		FOOD SERVICES		SID		VISITS		OSAPAS	
<input type="checkbox"/> Housing Status	<input type="checkbox"/> Program Removal	<input type="checkbox"/> Denied / Not Received Diet	<input type="checkbox"/> Food Allergies	<input type="checkbox"/> K/S	<input type="checkbox"/> Denied Visitors	<input type="checkbox"/> Living In Balance	<input type="checkbox"/> N/A and A/A	<input type="checkbox"/> Engaging the Family	<input type="checkbox"/> RPP
<input type="checkbox"/> Reinstatement Contact Visit		<input type="checkbox"/> Food Issues / Prep	<input type="checkbox"/> Proper Special Diet	<input type="checkbox"/> PC	<input type="checkbox"/> Ex-Offender Visits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BUSINESS OFFICE		MEDICAL / MENTAL HEALTH / DENTAL		<input type="checkbox"/> STG		<input type="checkbox"/> Visitor Ban			
<input type="checkbox"/> Business Remits / Receipts	<input type="checkbox"/> Check / Money Order	<input type="checkbox"/> Class Sign-up / Completed Programs	<input type="checkbox"/> Concerns	THIS SECTION TO BE COMPLETED BY INMATE pg. 1 of 2					
<input type="checkbox"/> Fine Payments	<input type="checkbox"/> Refunds	<input checked="" type="checkbox"/> Co-Pay Refunds	<input type="checkbox"/> Emergencies	Inmate Name: <u>Rafael J. Am</u>	SBI#: <u>553436</u>	Date: <u>06/06/15</u>			
<input type="checkbox"/> State Pay	<input type="checkbox"/> Statements	<input type="checkbox"/> Eye Glasses	<input type="checkbox"/> Medical Records	Housing Unit: <u>012-1st</u>	Work Detail Hours: <u>PM 1:00-1:30</u>				
CLASSIFICATION		<input type="checkbox"/> Medication	<input type="checkbox"/> M007 Form	REQUEST: To Mary Lang: On 06/04/15 I was denied medical care and treatment by Mr. Carver and the medical department. On 06/03/15 I could not go to my PM work detail because I was physically unable. By the next morning my condition became worse so I notified the unit pfc. and had him call medical so they could bring me my meds. But instead of medical sending my meds they sent Mr. Carver who came with nothing except an attitude threats (see attach)					
<input type="checkbox"/> Citizenship	<input type="checkbox"/> Detainers / Open Charges	<input type="checkbox"/> Dental		FOR OFFICIAL USE ONLY					
<input type="checkbox"/> Institutional Transfer	<input type="checkbox"/> Interstate Status	(PARA USO OFICIAL SOLAMENTE - NO ESCRIBA EN EL AREA SOMBRADA)							
<input type="checkbox"/> Job Eligibility	<input type="checkbox"/> Problem w/ Sentence Calc.	Date Received:							
<input type="checkbox"/> Restoration of Comm Time	<input type="checkbox"/> SASRC	Staff Receiving Request:							
<input type="checkbox"/> Status	<input type="checkbox"/> Work Credit	THIS FORM CANNOT BE PROCESSED:							
CUSTODY		(Usted ha sido citado para entrevista en)							
<input type="checkbox"/> Cell Moves	<input type="checkbox"/> General	You have been scheduled for an interview on:							
<input type="checkbox"/> Housing Unit Issues		Check the Daily Appointment Schedule for your name.							
CUSTODY / MAILROOM		Staff Response:							
<input type="checkbox"/> Status on Purchases	<input type="checkbox"/> Incoming Mail								
<input type="checkbox"/> Legal Mail	<input type="checkbox"/> Outgoing Mail								
EDUCATION / LAW LIB									
<input type="checkbox"/> Certificates	<input type="checkbox"/> College Courses / GED / Classes								
<input type="checkbox"/> Programs	<input type="checkbox"/> Legal Call								
<input type="checkbox"/> Paralegal Assist / Supplies									
		IF YOU NEED ASSISTANCE IN COMPLETING THIS FORM, SEE YOUR HOUSING UNIT SOCIAL WORKER							
		(SI USTED NECESITA AYUDA COMPLETANDO ESTE FORMULARIO, VEA A SU TRABAJADOR SOCIAL DE UNIDAD)							

Must Be Placed In The Inmate Remedy System Box

Complete One Form For Each Department / Program / Service.

(MARQUE SOLAMENTE UN DEPARTAMENTO / PROGRAMA / SERVICIO POR FORMULARIO)

ADMINISTRATION		FOOD SERVICES		SID		VISITS		OSAPAS	
Housing Status		Denied / Not Received Diet		K/S		Denied Visitors		Living in Balance	
Program Removal		Food Allergies		PC		Ex-Offender Visits		N/A and A/A	
Reinstate Contact Visit		Food Issues / Prep		STG		Issues at Visits		Engaging the Family	
BUSINESS OFFICE		Proper Special Diet		Visitor Ban				RPP	
Business Remits / Receipts		MEDICAL / MENTAL HEALTH / DENTAL		THIS SECTION TO BE COMPLETED BY INMATE					
Check / Money Order		Class Sign-up / Completed Programs		Inmate Name: <u>KUTUEL J. AMO</u>					
Fine Payments		Concerns		State Number: <u>900479</u> SBI#: <u>555345</u> Date: <u>06/06/15</u>					
Refunds		Co-Pay Refunds		Housing Unit: <u>62121</u> Work Detail Hours: <u>PM 1 left runner</u>					
State Pay		Emergencies		REQUEST: and additional stress, because I was unable to sit up in					
Statements		Eye Glasses		a wheelchair and go to medical I didn't receive my PMS meds.					
CLASSIFICATION		Medical Records		It's like the more inquiry forms I submit the less treatment I					
Citizenship		Medication		get. It's not right.					
Detainers / Open Charges		M007 Form							
Institutional Transfer		Referrals							
Interstate Status		Dental							
Job Eligibility		PAROLE							
Problem w/ Sentence Calc.		Address Change / Parole Plan							
Restoration of Comm Time		Opt Out of Parole Hearing							
SASRC		Parole Board Hearings							
Status		PED Calculations							
Work Credit		RCRP COMM. PROGRAMS							
CUSTODY		Denial of Program							
Cell Moves		Eligibility Criteria							
General		Status of Application							
Housing Unit Issues		RELIGIOUS SERVICES							
CUSTODY / MAILROOM		Certificate Completions							
Status on Purchases		Religious Classifications							
Incoming Mail		Religious Diets							
Legal Mail		Religious Items							
Outgoing Mail		SOCIAL SERVICES							
EDUCATION / LAW LIB		Family Emergency							
Certificates		Marriage Request							
College Courses / GED / Classes		Program Enrollment / Completion							
Programs		Release ID / BC / SSN Card / MVC / Vet Asst.							
Legal Call		Release Planning							
Paralegal Assist / Supplies		SSI / SSDI / Affordable Healthcare							
		TDD							
		Others							

FOR OFFICIAL USE ONLY

(PARA USO OFICIAL SOLAMENTE - NO ESCRIBIR EN EL AREA SOMBRADA)

Date Received:

Staff Receiving Request:

THIS FORM CANNOT BE PROCESSED.

(Usted ha sido citado para entrevista en)

You have been scheduled for an interview on:

Check the Daily Appointment Schedule for your name.

Staff Response:

IF YOU NEED ASSISTANCE IN COMPLETING THIS FORM, SEE YOUR HOUSING UNIT SOCIAL WORKER

(SI USTED NECESITA AYUDA COMPLETANDO ESTE FORMULARIO, VEA A SU TRABAJADOR SOCIAL DE UNIDAD)

Distribution: (Original) Department Copy
(Yellow) Inmate's Copy With Response
(Pink) Inmate Copy

INMATE GRIEVANCE
(QUEJAS DE LOS RECLUSOS)

You must file a formal grievance within 14 business days of the unsuccessful outcome of an informal complaint.

Did you file an informal complaint about this issue? Yes ☒ No ☐ If so, with whom? Medical, see attachment Date: 06/06/15
Please attach a copy of the Inmate Inquiry Form indicating that you attempted to resolve this complaint.

PART (PARTE 1)

INMATE'S NAME (NOMBRE): Rafael Olmo SBI NUMBER (NUMERO DE SBI): 555245C DATE (FECHA): 07/18/15INSTITUTION: NJSP
(INSTITUCION)HOUSING UNIT: b1c
(UNIDAD DE VIVENDA)

****PLEASE RETAIN PINK COPY FOR YOUR RECORDS

TYPE OF GRIEVANCE (Only Check one box)
TIPO DE SOLICITUD (SOLO UNA CASILLA)

ADA <input type="checkbox"/>	Custody <input type="checkbox"/>	Mailroom <input type="checkbox"/>	SID <input type="checkbox"/>
Administrative Offices <input type="checkbox"/>	Education <input type="checkbox"/>	Medical/Dental/Mental Health <input checked="" type="checkbox"/>	Social Services <input type="checkbox"/>
Business Office <input type="checkbox"/>	Food Service <input type="checkbox"/>	Parole <input type="checkbox"/>	Visits <input type="checkbox"/>
Classification <input type="checkbox"/>	Law Library <input type="checkbox"/>	RCRP/Comm Programs <input type="checkbox"/>	

State Your Grievance (Who, What, Where & When): On 06/04/15 I was denied medical care and treatment by Mr. Carver and the medical department. On 06/03/15 I couldn't go to my PM work detail because I was physically unable. By the next morning my condition became worse so I notified the unit etc. and had him call medical so they could bring me my meds. But instead of medical sending my meds they sent Mr. Carver who came with nothing except an attitude threats and additional stress. Because I was unable to (see attachment)

PART (PARTE 2) No action taken on this form. DOC Redirection form issued with paragraph(s) 3 marked.
(No se tomó ninguna medida en este formulario. Se proveyó el formulario de DOC Redirection Form con el (los) párrafo(s) 3 indicado(s).)

CASE NUMBER (NUMERO DEL CASO) YEAR (AÑO) MONTH (MES) CASE NUMBER (NUMERO DEL CASO)
RECEIVED BY (RECIBIDO POR) DATE FORWARDED TO DEPT (FECHA EN QUE SE ENVIO AL DEPARTAMENTO) DEPARTMENT (DEPARTAMENTO)

PART (PARTE 3) STAFF RESPONSE AREA (AREA DE RESPUESTA DEL PERSONAL)

STAFF SIGNATURE (FIRMA DEL PERSONAL) DATE (FECHA) SIGNATURE OF ADMINISTRATIVE DESIGNEE (Firma del La Person Administrativa Correspondiente Designado Por El) DATE (FECHA)

PART (PARTE 4) INMATE'S ADMINISTRATIVE APPEAL INFORMATION (INFORMACIÓN DE APELACIÓN ADMINISTRATIVA DEL CONFINDA)

ADDITIONAL ATTACHMENTS:
(DOCUMENTOS ADJUNTOS ADICIONALES)

INMATE'S SIGNATURE (Firma Del Confinado)

DATE (FECHA)

PART (PARTE 5) DATE APPEAL RECEIVED (FECHA EN QUE SE RECIBIO LA APELACION) DATE APPEAL RETURNED (FECHA EN QUE SE DEVOLVIO LA APELACION)
APPEAL DECISION AND ADMINISTRATOR'S COMMENTS ☐ UPHOLD (CONFIRMADA) ☐ MODIFIED (MODIFICADO) ☐ DENIED (NEGADA)

ADMINISTRATOR'S SIGNATURE (FIRMA DEL ADMINISTRADOR)

DATE (FECHA)

Distribution: (Original) (Original Department of Corrections Request / Remedy File Copy) (Copia del Archivo de Petición / Remedio del Departamento de Correcciones)
(Yellow) (Amado) (Inmate's Copy (Original) and if received Appeal answer) (Copia del Confinado (Original) y si recibe la Contestación de Apelación)
(Pink) (Rosado) (Inmate's Copy (Copia del Confinado))

C 2

Form IRSF-100

Case 3:16-cv-02647-BRM-JSA Document 41 Filed 05/11/16 Page 9 of 20 PageID: 25

NEW JERSEY DEPARTMENT OF CORRECTIONS
(DEPARTAMENTO DE CORRECCIONES DE NUEVA JERSEY)

NISP-008217

INMATE GRIEVANCE
(QUEJAS DE LOS RECLUSOS)

You must file a formal grievance within 14 business days of the unsuccessful outcome of an informal complaint.

Did you file an informal complaint about this issue? Yes ☒ No ☐ If so, with whom? Medical; see attachment Date: 06/06/15
Please attach a copy of the Inmate Inquiry Form indicating that you attempted to resolve this complaint.

PART (PARTE 1)

INMATE'S NAME (NOMBRE): Rafael Olmo SBI NUMBER (NUMERO DE SBI): 5553456 DATE (FECHA): 07/18/15INSTITUTION: NJSP
(INSTITUCION)HOUSING UNIT: 6R
(UNIDAD DE VIVENDA)

***PLEASE RETAIN PINK COPY FOR YOUR RECORDS

TYPE OF GRIEVANCE (Only Check one box)
TIPO DE SOLICITUD (SOLO UNA CASILLA)

ADA <input type="checkbox"/>	Custody <input type="checkbox"/>	Mailroom <input type="checkbox"/>	SHD <input type="checkbox"/>
Administrative Offices <input type="checkbox"/>	Education <input type="checkbox"/>	Medical/Dental/Mental Health <input checked="" type="checkbox"/>	Social Services <input type="checkbox"/>
Business Office <input type="checkbox"/>	Food Service <input type="checkbox"/>	Parole <input type="checkbox"/>	Visits <input type="checkbox"/>
Classification <input type="checkbox"/>	Law Library <input type="checkbox"/>	RCRP/Comm Programs <input type="checkbox"/>	

State Your Grievance (Who, What, Where & When): Sit up in a wheel chair and go to medical.
I didn't receive my MS meds. Its like the more inqury forms I
submit the less treatment I get. It's not right.

PART (PARTE 2) No action taken on this form? DOC Redirection form issued with paragraph(s) 2 marked.
 (No se tomó ninguna medida en este formulario. Se proveyó el formulario de DOC Redirection Form con el (los) párrafo(s) 2 marcado(s).)

CASE NUMBER (NUMERO DEL CASO) YEAR (AÑO) MONTH (MES) CASE NUMBER (NUMERO DEL CASO)

RECEIVED BY (RECIBIDO POR) DATE FORWARDED TO DEPT (FECHA EN QUE SE ENVIO AL DEPARTAMENTO) DEPARTMENT (DEPARTAMENTO)

PART (PARTE 3) STAFF RESPONSE AREA (AREA DE RESPUESTA DEL PERSONAL)

STAFF SIGNATURE (FIRMA DEL PERSONAL) DATE (FECHA) SIGNATURE OF ADMINISTRATIVE DESIGNEE (Firma de La Persona Administrativa Correspondiente Designado Por El) DATE (FECHA)

PART (PARTE 4) INMATE'S ADMINISTRATIVE APPEAL INFORMATION (INFORMACIÓN DE APELACION ADMINISTRATIVA DEL CONFINDA):

ADDITIONAL ATTACHMENTS:
(DOCUMENTOS ADJUNTOS ADICIONALES):

INMATE'S SIGNATURE (Firma Del Confinado)

DATE (FECHA)

PART (PARTE 5) DATE APPEAL RECEIVED (FECHA EN QUE SE RECIBIÓ LA APELACION) DATE APPEAL RETURNED (FECHA EN QUE SE DEVOLVIÓ LA APELACION)

APPEAL DECISION AND ADMINISTRATOR'S COMMENTS: ☐ UPHOLD (CONFIRMADA) ☐ MODIFIED (MODIFICADO) ☐ DENIED (NEGADA)

ADMINISTRATOR'S SIGNATURE (FIRMA DEL ADMINISTRADOR)

DATE (FECHA)

Distribution: (Original) Original Department of Corrections Records / Remedy File Copy (Copia del Archivo de Registro / Remedio del Departamento de Correcciones)
 (Distribución) (Yellow) Inmate's Copy (Original / and if required Appeal answer) (Copia del Confinado (Original / y si se requiere la Contestación de Apelación))
 (Pink) (Rosado) Inmate's Copy (Copia del Confinado)

EXHIBIT D

Must Be Placed In The Inmate Remedy System Box

Complete One Form For Each Department / Program / Service.

(MARQUE SOLAMENTE UN DEPARTAMENTO / PROGRAMA / SERVICIO POR FORMULARIO)

ADMINISTRATION	
Housing Status	
Program Removal	
Reinstate Contact Visit	
BUSINESS OFFICE	
Business Remits / Receipts	
Check / Money Order	
Fine Payments	
Refunds	
State Pay	
Statements	
CLASSIFICATION	
Citizenship	
Detainers / Open Charges	
Institutional Transfer	
Interstate Status	
Job Eligibility	
Problem w/ Sentence Calc.	
*Restoration of Comm Time	
SASRC	
Status	
Work Credit	
CUSTODY	
Cell Moves	
General	
Housing Unit Issues	
CUSTODY / MAILROOM	
Status on Purchases	
Incoming Mail	
Legal Mail	
Outgoing Mail	
EDUCATION / LAW LIB	
Certificates	
College Courses / GED / Classes	
Programs	
Legal Call	
Paralegal Assist / Supplies	

FOOD SERVICES	
Denied / Not Received Diet	
Food Allergies	
Food Issues / Prep	
Proper Special Diet	
MEDICAL / MENTAL HEALTH / DENTAL	
Class Sign-up / Completed Programs	
Concepts	
Co-Pay Refunds	
Emergencies	
Eye Glasses	
Medical Records	
Medication	
M007 Form	
Referrals	
Dental	
PAROLE	
Address Change / Parole Plan	
Opt Out of Parole Hearing	
Parole Board Hearings	
PED Calculations	
RCRP COMM. PROGRAMS	
Denial of Program	
Eligibility Criteria	
Status of Application	
RELIGIOUS SERVICES	
Certificate Completions	
Religious Classifications	
Religious Diets	
Religious Items	
SOCIAL SERVICES	
Family Emergency	
Marriage Request	
Program Enrollment / Completion	
Release ID / BC / SSN Card / MVC / Vet Asst.	
Release Planning	
SSI / SSDI / Affordable Healthcare	
TDD	
Others	

ADMINISTRATION	
Housing Status	
Program Removal	
Reinstate Contact Visit	
BUSINESS OFFICE	
Business Remits / Receipts	
Check / Money Order	
Fine Payments	
Refunds	
State Pay	
Statements	
CLASSIFICATION	
Citizenship	
Detainers / Open Charges	
Institutional Transfer	
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TDD	
Others	

FOOD SERVICES	
Denied / Not Received Diet	
Food Allergies	
Food Issues / Prep	
Proper Special Diet	
MEDICAL / MENTAL HEALTH / DENTAL	
Class Sign-up /	

Form JSP-100

DEPARTAMENTO DE CORRECCIONES DE NUEVA JERSEY

INMATE GRIEVANCE
(QUEJAS DE LOS RECLUSOS)

Received 9/9

You must file a formal grievance within 14 business days of the unsuccessful outcome of an informal complaint.

Did you file an informal complaint about this issue? Yes ☒ No ☐ If so, with whom? Medical Date 06/20/15

Please attach a copy of the Inmate Inquiry Form indicating that you attempted to resolve this complaint.

PART (PARTE 1)

INMATE'S NAME (NOMBRE) Rafael Olmo SBI NUMBER (NUMERO DE SBI) 555345C DATE (FECHA) 07/20/15INSTITUTION (INSTITUCION) NJSPHOUSING UNIT (UNIDAD DE VIVENDA) 612

****PLEASE RETAIN PINK COPY FOR YOUR RECORDS

TYPE OF GRIEVANCE (Only Check one box)
TIPO DE SOLICITUD (SOLO UNA CASILLA)

ADA <input type="checkbox"/>	Custody <input type="checkbox"/>	Mallroom <input type="checkbox"/>	SID <input type="checkbox"/>
Administrative Offices <input type="checkbox"/>	Education <input type="checkbox"/>	Medical/Dental/Mental Health <input checked="" type="checkbox"/>	Social Services <input type="checkbox"/>
Business Office <input type="checkbox"/>	Food Service <input type="checkbox"/>	Parole <input type="checkbox"/>	Visits <input type="checkbox"/>
Classification <input type="checkbox"/>	Law Library <input type="checkbox"/>	RCRP/Comin Programs <input type="checkbox"/>	

State Your Grievance (Who, What, Where & When): I don't know the names of those responsible so
Im just going to say the Medical department Medical was aware of my
condition and notified that I was having chronic headaches, numbness,
bad pains and problems moving. All the signs showed that I was having
a flair up but they still delayed my treatment. And the longer they
waited the worse it got. I don't understand why I had to wait so
long to get a treatment that was already prescribed for me. (see attach)

PART (PARTE 2) No action taken on this form. DOC Redirection form issued with paragraph(s) marked
 (No se tomó ninguna medida en este formulario se emitió el formulario de DOC Redirection Form con el (los) párrafo(s) indicado(s))

CASE NUMBER (NUMERO DEL CASO) 0681
 RECEIVED BY (RECIBIDO POR) MS DATE FORWARDED TO DEPT (FECHA EN QUE SE ENVIO A DEPARTAMENTO) 7/20/15
 DEPARTMENT (DEPARTAMENTO) MS

PART (PARTE 3) STAFF RESPONSE AREA (AREA DE RESPUESTA DEL PERSONAL)

Union personnel involved in unit during these conditions
for the above mentioned the necessary treatments
Marked 8/3/15 MC 7/3/15
 STAFF SIGNATURE (FIRMA DEL PERSONAL) DATE (FECHA) SIGNATURE OF ADMINISTRATIVE DESIGNEE (FIRMA DEL LA Persona Administrativa Correspondiente Designado Por El) DATE (FECHA)

PART (PARTE 4) INMATE'S ADMINISTRATIVE APPEAL INFORMATION (INFORMACION DE APELACION ADMINISTRATIVA DEL CONFINDA)

There There shouldnt have been a one month delay in
receiving a treatment that had already been prescribed to
me.

ADDITIONAL ATTACHMENTS (DOCUMENTOS ADJUNTOS ADICIONALES) 43

INMATE'S SIGNATURE (Firma Del Confinado)

DATE (FECHA) 09/16/15

PART (PARTE 5)

DATE APPEAL RECEIVED (FECHA EN QUE SE RECIBIO LA APELACION)

DATE APPEAL RETURNED (FECHA EN QUE SE DEVOLVIO LA APELACION)

APPEAL DECISION AND ADMINISTRATOR'S COMMENTS: ☐ UPHOLD (CONFIRMADA) ☐ MODIFIED (MODIFICADO) ☐ DENIED (NEGADA)

Original Response Appropriate

ADMINISTRATOR'S SIGNATURE (FIRMA DEL ADMINISTRADOR)

DATE (FECHA) 9/24/15

Distribution: (Original) (Original) Department of Corrections Request / Remedy File Copy (Copia del Archivo de Petición / Remedio del Departamento de Correcciones)
 (Yellow) (Amarillo) Inmate's Copy (Original) and if required Appeal answer (Copia del Confinado (Original) y si se requiere la Contestación de Apelación)
 (Pink) (Rosado) Inmate's Copy (Copia del Confinado)

D2

Form IRSP-100

Case 2:16-cv-02647-BRM-JSA Document 41 Filed 10/24/17 Page 36 of 52 PageID: 206

Case 2:16-cv-02647-BRM-JSA Document 41 Filed 10/24/17 Page 36 of 52 PageID: 206

NJSP-008705

Page 13 of 20 PageID: 29

DEPARTAMENTO DE CORRECCIONES DE NUEVA JERSEY

INMATE GRIEVANCE
(QUEJAS DE LOS RECLUSOS)

You must file a formal grievance within 14 business days of the unsuccessful outcome of an informal complaint.

Did you file an informal complaint about this issue? Yes ☒ No ☐ If so, with whom? Medical, see attachment Date: 06/19/15
Please attach a copy of the Inmate Inquiry Form indicating that you attempted to resolve this complaint.

PART (PARTE 1)

INMATE'S NAME (NOMBRE): Rafael Olmo SBI NUMBER (NUMERO DE SBI): 555345C DATE (FECHA): 07/20/15INSTITUTION (INSTITUCION): NJSP HOUSING UNIT (UNIDAD DE VIVENDA): 6R

*****PLEASE RETAIN PINK COPY FOR YOUR RECORDS

TYPE OF GRIEVANCE (Only Check one box)
TIPO DE SOLICITUD (SOLO UNA CASILLA)

ADA <input type="checkbox"/>	Custody <input type="checkbox"/>	Mailroom <input type="checkbox"/>	SID <input type="checkbox"/>
Administrative Offices <input type="checkbox"/>	Education <input type="checkbox"/>	Medical/Dental/Mental Health <input checked="" type="checkbox"/>	Social Services <input type="checkbox"/>
Business Office <input type="checkbox"/>	Food Service <input type="checkbox"/>	Parole <input type="checkbox"/>	Visits <input type="checkbox"/>
Classification <input type="checkbox"/>	Law Library <input type="checkbox"/>	CRP/Comm Programs <input type="checkbox"/>	

State Your Grievance (Who, What, Where & When) All that craziness and suffering that I had to endure could've easily been prevented if I would've gotten my treatment when I was supposed to. My foot, leg, hand and eye may never be the same again.PART (PARTE 2) No action taken on this form. DOC Redirection form issued with paragraph(s) 2, 5, 6 marked.(No se tomó ninguna acción en este formulario. Se envió el formulario de DOC Redirection form con el (los) párrafo(s) 2, 5, 6 marcado(s).)CASE NUMBER (NUMERO DEL CASO):
YEAR (AÑO): MONTH (MES): CASE NUMBER (NUMERO DEL CASO):

RECEIVED BY (RECIBIDO POR): DATE FORWARDED TO DEPT (FECHA EN QUE SE ENVIO AL DEPARTAMENTO): DEPARTMENT (DEPARTAMENTO):

PART (PARTE 3) STAFF RESPONSE AREA (ÁREA DE RESPUESTA DEL PERSONAL)

STAFF SIGNATURE (FIRMA DEL PERSONAL): DATE (FECHA): SIGNATURE OF ADMINISTRATIVE DESIGNEE (Firma del La Persona Administrativa Correspondiente Designado Por El): DATE (FECHA):

PART (PARTE 4) INMATE'S ADMINISTRATIVE APPEAL INFORMATION (INFORMACIÓN DE APELACIÓN ADMINISTRATIVA DEL CONFINDA)

ADDITIONAL ATTACHMENTS
(DOCUMENTOS ADJUNTOS ADICIONALES):

INMATE'S SIGNATURE (Firma del Confinado):

DATE (FECHA):

PART (PARTE 5)

DATE APPEAL RECEIVED
(FECHA EN QUE SE RECIBIO LA APELACION)DATE APPEAL RETURNED
(FECHA EN QUE SE DEVOLVIÓ LA APELACION)APPEAL DECISION AND ADMINISTRATOR'S COMMENTS: ☐ UPHOLD (CONFIRMADA) ☐ MODIFIED (MODIFICADO) ☐ DENIED (NEGADA)

ADMINISTRATOR'S SIGNATURE (FIRMA DEL ADMINISTRADOR):

DATE (FECHA):

Distribution: (Original) (Original) Department of Corrections Request / Remedy File Copy (Copia del Archivo de Peticion / Remedio al Departamento de Correcciones)
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(Pink) (Rosado) Inmate's Copy (Copia del Confinado)

EXHIBIT E

Must Be Placed In The Inmate Remedy System Box

Complete One Form For Each Department / Program / Service.

(MARQUE SOLAMENTE UN DEPARTAMENTO / PROGRAMA / SERVICIO POR FORMULARIO)

ADMINISTRATION	
Housing Status	
Program Removal	
Reinstate Contact Visit	
BUSINESS OFFICE	
Business Remits / Receipts	
Check / Money Order	
Fine Payments	
Refunds	
State Pay	
Statements	
CLASSIFICATION	
Citizenship	
Detainers / Open Charges	
Institutional Transfer	
Interstate Status	
Job Eligibility	
Problem w/ Sentence Calc.	
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SASRC	
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Status on Purchases	
Incoming Mail	
Legal Mail	
Outgoing Mail	
EDUCATION / LAW LIB	
Certificates	
College Courses / GED / Classes	
Programs	
Legal Call	
Paralegal Assist / Supplies	

FOOD SERVICES	
Denied / Not Received Diet	
Food Allergies	
Food Issues / Prep	
Proper Special Diet	
MEDICAL / MENTAL HEALTH / DENTAL	
Class Sign-up / Completed Programs	
Concerns	
Co-Pay Refunds	
Emergencies	
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Medical Records	
Medication	
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Dental	
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Opt Out of Parole Hearing	
Parole Board Hearings	
PED Calculations	
RCRP COMM. PROGRAMS	
Denial of Program	
Eligibility Criteria	
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Certificate Completions	
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Food Issues / Prep	
Proper Special Diet	
MEDICAL / MENTAL HEALTH / DENTAL	
Class Sign-up /	

Form IRSF-101

Distribution: (Original) Department Copy
(Yellow) Inmate's Copy With Response
(Pink) Inmate Copy

Form IIRSF-100

NEW JERSEY DEPARTMENT OF CORRECTIONS
(DEPARTAMENTO DE CORRECCIONES DE NUEVA JERSEY)

NJSP-008725

INMATE GRIEVANCE
(QUEJAS DE LOS RECLUSOS)

Received 9/9

You must file a formal grievance within 14 business days of the unsuccessful outcome of an informal complaint.

Did you file an informal complaint about this issue? Yes ☒ No ☐ If so, with whom? Medical, no response Date: 07/10/15Please attach a copy of the Inmate Inquiry Form indicating that you attempted to resolve this complaint. See attachment

PART (PARTE 1)

INMATE'S NAME (NOMBRE): Rafael Olmo SBI NUMBER (NUMERO DE SBI): 555345C DATE (FECHA): 08/10/15INSTITUTION: NJSP
(INSTITUCION)HOUSING UNIT: 6R
(UNIDAD DE VIVENDA)

****PLEASE RETAIN PINK COPY FOR YOUR RECORDS

TYPE OF GRIEVANCE (Only Check one box)
TIPO DE SOLICITUD (SOLO UNA CASILLA)

ADA <input type="checkbox"/>	Custody <input type="checkbox"/>	Mailroom <input type="checkbox"/>	SID <input type="checkbox"/>
Administrative Offices <input type="checkbox"/>	Education <input type="checkbox"/>	Medical/Dental/Mental Health <input checked="" type="checkbox"/>	Social Services <input type="checkbox"/>
Business Office <input type="checkbox"/>	Food Service <input type="checkbox"/>	Parole <input type="checkbox"/>	Visits <input type="checkbox"/>
Classification <input type="checkbox"/>	Law Library <input type="checkbox"/>	RCRP/Comm Programs <input type="checkbox"/>	

State Your Grievance (Who, What, Where & When): I believe Dr. Ahsan intentionally delayed my treatment as a way of getting back at me for writing complaints about him and his staff. On 06/12/15 I was sent to see a neurologist at St. Francis. Once I returned (that same day) I supposed to be put on an IV treatment asap. However, I wasn't admitted into the infirmary until 07/01/15. And I didn't begin treatment until the next day when I asked Ahsan about the delay he asked me, "haven't we met before?" then said, "people who don't complain get better treatment."

PART (PARTE 2) No portion of this form is to be used on forms issued with paragraph(s) marked "X". No se toma ninguna porcion de este formulario si se proveyo el formulario de DOG Redireccion con el (los) parrafo(s) marcado(s).

CASE NUMBER (NUMERO DEL CASO): 15-08-0015
YEAR (AÑO): 15 MONTH (MES): 08 CASE NUMBER (NUMERO DEL CASO): 0015

RECEIVED BY (RECIBIDO POR): [Signature] DATE FORWARDED TO DEPT. (FECHA EN QUE SE ENVIO AL DEPARTAMENTO): 8/10/15 DEPARTMENT (DEPARTAMENTO): Medical

PART (PARTE 3) STAFF RESPONSE AREA (AREA DE RESPUESTA DEL PERSONAL)

I am sorry about the delay in your treatment. I am sorry you were not admitted to the infirmary until the next day. I am sorry you were not treated until the next day.

STAFF SIGNATURE (FIRMA DEL PERSONAL): [Signature] DATE (FECHA): 8/10/15 SIGNATURE OF ADMINISTRATIVE DESIGNEE (Firma de la Persona Administrativa Correspondiente Designado por El): [Signature] DATE (FECHA): 9/3/15

PART (PARTE 4) INMATE'S ADMINISTRATIVE APPEAL INFORMATION (INFORMACION DE APELACION ADMINISTRATIVA DEL CONFINADO)

An unnecessary delay in treatment followed by retaliatory comments suggesting the delay was intentional is not justified by later treatment.

ADDITIONAL ATTACHMENTS: 1
(DOCUMENTOS ADJUNTOS ADICIONALES)

INMATE'S SIGNATURE (Firma Del Confinado): [Signature]

DATE (FECHA): 09/16/15

PART (PARTE 5) DATE APPEAL RECEIVED (FECHA EN QUE SE RECIBIO LA APELACION): 09/16/15 DATE APPEAL RETURNED (FECHA EN QUE SE DEVOLVO LA APELACION): 09/16/15

APPEAL DECISION AND ADMINISTRATOR'S COMMENTS: ☒ UPHOLD (CONFIRMADA) ☐ MODIFY (MODIFICADO) ☐ DENIED (NEGADA)

Original Response Appropriate

ADMINISTRATOR'S SIGNATURE (FIRMA DEL ADMINISTRADOR): [Signature]

DATE (FECHA): 9/16/15

Distribution: (Original) Original Department of Corrections Request / Remedy File Copy (Copia del Archivo de Peticiones / Remedio del Departamento de Correcciones)
(Yellow) (Amarillo) Inmate's Copy (Original) and if received, Appeal answer (Copia del Confinado (Original) y si se recibe la Contestacion de Apelacion)
(Pink) (Rosado) Inmate's Copy (Copia del Confinado)

E 2

EXHIBIT F

Must Be Placed In The Inmate Remedy System Box

Complete One Form For Each Department / Program / Service.

(MARQUE SOLAMENTE UN DEPARTAMENTO / PROGRAMA / SERVICIO POR FORMULARIO)

ADMINISTRATION		FOOD SERVICES		SID		VISITS		OSAPAS	
Housing Status		Denied / Not Received Diet		K/S		Denied Visitors		Living in Balance	
Program Removal		Food Allergies		PC		Ex-Offender Visits		N/A and A/A	
Reinstate Contact Visit		Food Issues / Prep		STG		Issues at Visits		Engaging the Family	
BUSINESS OFFICE		Proper Special Diet		Visitor Ban				RPP	
Business Remits / Receipts		MEDICAL / MENTAL HEALTH / DENTAL							
Check / Money Order		Class Sign-up / Completed Programs							
Fine Payments		Concerns							
Refunds		Co-Pay Refunds							
State Pay		Emergencies							
Statements		Eye Glasses							
CLASSIFICATION		Medical Records							
Citizenship		Medication							
Detainers / Open Charges		M007 Form							
Institutional Transfer		Referrals							
Interstate Status		Dental							
Job Eligibility		PAROLE							
Problem w/ Sentence Calc.		Address Change / Parole Plan							
Restoration of Comm Time		Opt Out of Parole Hearing							
SASRC		Parole Board Hearings							
Status		PED Calculations							
Work Credit		RCRP COMM. PROGRAMS							
CUSTODY		Denial of Program							
Cell Moves		Eligibility Criteria							
General		Status of Application							
Housing Unit Issues		RELIGIOUS SERVICES							
CUSTODY / MAILROOM		Certificate Completions							
Status on Purchases		Religious Classifications							
Incoming Mail		Religious Diets							
Legal Mail		Religious Items							
Outgoing Mail		SOCIAL SERVICES							
EDUCATION / LAW LIB		Family Emergency							
Certificates		Marriage Request							
College Courses / GED / Classes		Program Enrollment / Completion							
Programs		Release ID / BC / SSN Card / MVC / Vet Asst.							
Legal Call		Release Planning							
Paralegal Assist / Supplies		SSI / SSDI / Affordable Healthcare							
		TDD							
		Others							
THIS SECTION TO BE COMPLETED BY INMATE									
Inmate Name: Rafael Ojeda Date: 07/10/15									
State Number: 900479 SBI#: 555345C									
Housing Unit: 6K Work Detail Hours: Cell Sanitation									
REQUEST: Dr. Ahnson is not a neurologist. He conceded that his own judgement was not sufficient to address my medical condition when he referred me to a specialist. Therefore, he should be making independent decisions on which treatment I receive.									
FOR OFFICIAL USE ONLY									
(PARA USO OFICIAL SOLAMENTE - NO ESCRIBA EN EL AREA SOMBREADA)									
Date Received:									
Staff Receiving Request:									
THIS FORM CANNOT BE PROCESSED:									
(Usted ha sido citado para entrevista en)									
You have been scheduled for an interview on:									
Check the Daily Appointment Schedule for your name.									
Staff Response:									
IF YOU NEED ASSISTANCE IN COMPLETING THIS FORM, SEE YOUR HOUSING UNIT SOCIAL WORKER									
(SI USTED NECESITA AYUDA COMPLETANDO ESTE FORMULARIO, VEA A SU TRABAJADOR SOCIAL DE UNIDAD)									

(DEPARTAMENTO DE CORRECCIONES DE NUEVA JERSEY)

INMATE GRIEVANCE
(QUEJAS DE LOS RECLUSOS)

You must file a formal grievance within 14 business days of the unsuccessful outcome of an informal complaint.

Did you file an informal complaint about this issue? Yes ☒ No ☐ If so, with whom? Medical no response Date 07/10/15Please attach a copy of the Inmate Inquiry Form indicating that you attempted to resolve this complaint see attachment

PART (PARTE 1)

INMATE'S NAME (NOMBRE): Rafael Am SBI NUMBER (NÚMERO DE SBI): 555345C DATE (FECHA): 08/10/15INSTITUTION (INSTITUCIÓN): NJSPHOUSING UNIT (UNIDAD DE VIVIENDA): 6R

****PLEASE RETAIN PINK COPY FOR YOUR RECORDS

TYPE OF GRIEVANCE (Only Check one box)
TIPO DE SOLICITUD (SOLO UNA CASILLA)

ADA <input type="checkbox"/>	Custody <input type="checkbox"/>	Mallroom <input type="checkbox"/>	SID <input type="checkbox"/>
Administrative Offices <input type="checkbox"/>	Education <input type="checkbox"/>	Medical/Dental/Mental Health <input checked="" type="checkbox"/>	Social Services <input type="checkbox"/>
Business Office <input type="checkbox"/>	Food Service <input type="checkbox"/>	Parole <input type="checkbox"/>	Visits <input type="checkbox"/>
Classification <input type="checkbox"/>	Law Library <input type="checkbox"/>	RCRP/Comm Programs <input type="checkbox"/>	

State Your Grievance (Who, What, Where & When) Dr. Ansan is not a neurologist. He conceded that his own judgement was not sufficient to address my medical condition when he referred me to a specialist. Therefore, he shouldn't be making independent decisions on which treatment I receive.

PART (PARTE 2) NO action taken on this form. DOC Redirection form issued with paragraph(s) marked.
(No se tomó ninguna medida en este formulario. Se privó el formulario de DOC Redirection Form con el (los) párrafo(s) indicado(s).)

CASE NUMBER (NÚMERO DEL CASO): 6017
YEAR (AÑO): 15 MONTH (MES): 11 DAY (DÍA): 11

RECEIVED BY (RECIBIDO POR): [Signature] DATE FORWARDED TO (FECHA EN QUE SE ENVIO AL DEPARTAMENTO): 11/15 DEPARTMENT (DEPARTAMENTO): Medical

PART (PARTE 3) STAFF RESPONSE AREA (ÁREA DE RESPUESTA DEL PERSONAL)

As requested, I have been assigned to the medical unit. I will be working with you on your medical condition. I will be working with you on your medical condition. I will be working with you on your medical condition.

STAFF SIGNATURE (FIRMA DEL PERSONAL): [Signature] DATE (FECHA): 9/3/15

SIGNATURE OF ADMINISTRATIVE DESIGNEE (Firma del La Persona Administrativa Correspondiente Designada Por El): [Signature] DATE (FECHA): 9/3/15

PART (PARTE 4) INMATE'S ADMINISTRATIVE APPEAL INFORMATION (INFORMACIÓN DE APELACION ADMINISTRATIVA DEL CONFINDA)

Had the recommendation been followed I would've begun treatment that same day or the following. Ansan should have the final say on these type matters.

ADDITIONAL ATTACHMENTS (DOCUMENTOS ADJUNTOS ADICIONALES): 1

INMATE'S SIGNATURE (Firma del Confinado): [Signature]DATE (FECHA): 09/16/15

PART (PARTE 5)

DATE APPEAL RECEIVED (FECHA EN QUE SE RECIBIO LA APELACION): 09/16/15DATE APPEAL RETURNED (FECHA EN QUE SE DEVOLVIO LA APELACION): 09/16/15

APPEAL DECISION AND ADMINISTRATOR'S COMMENTS (DECISIÓN DE LA APELACIÓN Y COMENTARIOS DEL ADMINISTRADOR): ☐ UPHOLD (CONFERMADA) ☐ MODIFY (MODIFICADO) ☒ DENIED (NEGADA)

Original Response Appropriate to inmates original statement

ADMINISTRATOR'S SIGNATURE (FIRMA DEL ADMINISTRADOR): [Signature]DATE (FECHA): 9/16/15

Distribution: (Original) Original Department of Corrections Request / Remedy File Copy (Copia del Archivo de Petición / Remedio del Departamento de Correcciones)
(Yellow) (Amarillo) Inmate's Copy (Original) / and a request for appeal review (Copia del Confinado (Original) y si se requiere la Contratación de Apelación))
(Pink) (Rosado) Inmate's Copy (Copia del Confinado)

F 2

Form IRSP-100

NEW JERSEY DEPARTMENT OF CORRECTIONS
(DEPARTAMENTO DE CORRECCIONES DE NUEVA JERSEY)

NJSP-006602

INMATE GRIEVANCE
(QUEJAS DE LOS RECLUSOS)

You must file a formal grievance within 14 business days of the unsuccessful outcome of an informal complaint.

Did you file an informal complaint about this issue? Yes ☒ No ☐ If so, with whom? Medical, no response Date: 05/31/2015
Please attach a copy of the Inmate Inquiry Form indicating that you attempted to resolve this complaint.

PART (PARTE 1)

INMATE'S NAME (NOMBRE): Rafael Olmo SBI NUMBER (NUMERO DE SBI): 555345C DATE (FECHA): 06/16/2015INSTITUTION: NJSP
(INSTITUCION)HOUSING UNIT: 6R
(UNIDAD DE VIVENDA)

***PLEASE RETAIN PINK COPY FOR YOUR RECORDS

TYPE OF GRIEVANCE (Only Check one box)
TIPO DE SOLICITUD (SOLO UNA CASILLA)

ADA <input type="checkbox"/>	Custody <input type="checkbox"/>	Mailroom <input type="checkbox"/>	SID <input type="checkbox"/>
Administrative Offices <input type="checkbox"/>	Education <input type="checkbox"/>	Medical/Dental/Mental Health <input checked="" type="checkbox"/>	Social Services <input type="checkbox"/>
Business Office <input type="checkbox"/>	Food Service <input type="checkbox"/>	Parole <input type="checkbox"/>	Visits <input type="checkbox"/>
Classification <input type="checkbox"/>	Law Library <input type="checkbox"/>	RCRP/Comm Programs <input type="checkbox"/>	

State Your Grievance (Who, What, Where & When): treatments that I should be receiving. The
vision in my right eye is getting worse. I've been having chronic head
aches and bad pains throughout my body and they are becoming
more frequent to the point I can't work anymore or read or
write the way I'm used to.

PART (PARTE 2): No action taken on this form. DOC Redirection form issued with paragraph(s)# _____ marked.
 [No se tomó ninguna medida en este formulario. Se proveyó el formulario de DOC Redirection Form con el (los) párrafo(s)# _____ indicado(s).]

CASE NUMBER:
(NUMERO DEL CASO): YEAR (AÑO) MONTH (MES) CASE NUMBER (NUMERO DE CASO)

RECEIVED BY: (RECIBIDO POR) DATE FORWARDED TO DEPT: (FECHA EN QUE SE ENVIO AL DEPARTAMENTO) DEPARTMENT: (DEPARTAMENTO)

PART (PARTE 3) STAFF RESPONSE AREA (AREA DE RESPUESTA DEL PERSONAL):

STAFF SIGNATURE (FIRMA DEL PERSONAL) DATE (FECHA) SIGNATURE OF ADMINISTRATIVE DESIGNEE (Firma del La Persona Administrativa Correspondiente Designado Por El) DATE (FECHA)

PART (PARTE 4) INMATE'S ADMINISTRATIVE APPEAL INFORMATION (INFORMACIÓN DE APELACION ADMINISTRATIVA DEL CONFINADO):

ADDITIONAL ATTACHMENTS:
(DOCUMENTOS ADJUNTOS ADICIONALES)

INMATE'S SIGNATURE (Firma Del Confinado)

DATE (FECHA)

PART (PARTE 5)

DATE APPEAL RECEIVED:
(FECHA EN QUE SE RECIBIO LA APELACION)DATE APPEAL RETURNED:
(FECHA EN QUE SE DEVOLVIO LA APELACION)

APPEAL DECISION AND ADMINISTRATOR'S COMMENTS: ☐ UPHOLD (CONFIRMADA) ☐ MODIFIED (MODIFICADO) ☐ DENIED (NEGADA)

ADMINISTRATOR'S SIGNATURE (FIRMA DEL ADMINISTRADOR)

DATE (FECHA)

Distribution: (Original) [Original] Department of Corrections Request / Remedy File Copy [Copia del Archivo de Petición / Remedio del Departamento de Correcciones]
 [Distribución] (Yellow) [Amarillo] Inmate's Copy (Original / and if required Appeal answer) [Copia del Confinado (Originally si se requiere la Contestación de Apelación)]
 (Pink) [Rosado] Inmate's Copy [Copia del Confinado]

EXHIBIT G

Page: 1

Ref# 124059	Housing: NJSP-WEST-6 RIGHT-FLATS-CELL 19	Date Created: 05/04/2016
ID#: 000555345C	Name: OLMO, RAFAEL	
Form: Inquiry	Subject: Medical / Dental / Medical Health	Description: Medication
Urgent: No	Time left: n/a	Status: Closed

Original Form

5/4/2016 6:31:57 PM : (000555345c) Wrote

When am I going to get my kop 600mg neurotins? I've put medical slips in and been asking for weeks.

Communications

5/18/2016 10:43:22 AM : (Diane Baca) Wrote

I spoke with your unit nurse yesterday and asked that she bring it out to you. I verified this morning that you did receive it. We apologize for the delay.

EXHIBIT H

Page: 1

Ref# 138171	Housing: NJSP-WEST-6 RIGHT-FLATS-CELL 19	Date Created: 05/26/2016
ID#: 000555345C	Name: OLMO, RAFAEL	
Form: Grievance	Subject: Medical / Dental / Medical Health	Description: Medication
Urgent: No	Time left: n/a	Status: Closed

Original Form

5/26/2016 5:35:21 PM : (000555345c) Wrote

I submitted an inquiry with the medical department concerning this problem on 05/04/16. I received a response weeks later confirming that I was not receiving my meds apologizing for the delay and telling me that a nurse would soon deliver them to me. I did receive meds I believe later that day but it was only a 6 pill supply (court meds) lasting about 3 days so I ended up going another few days or so without meds. So all together I must of went almost 2 months without receiving my KOP meds. And the entire time I was without meds, in pain, complaining, no one could tell me why. Which is a problem. Saying that either your system needs to be corrected or someone else needs to do the job. I pray I dont have to go through this again. I would like to know who was responsible.

Communications

6/22/2016 9:02:27 AM : (Sharon Neary) Wrote

Our records indicate you received your KOP medication on 5/24/2016. A reorder has been placed in order to assure no lapse in your medication.

6/25/2016 5:09:34 PM : (000555345c) Wrote

Just because I finally received my medication shouldnt excuse the fact that I went about 1-2 months without medication. Regardless of who was at fault, medical, administration, a policy, something needs to be corrected so it doesnt happen again.

7/8/2016 8:22:14 AM : (Diane Baca) Wrote

The incident was brought to the nursing supervisors to review and take action.

7/8/16 G.2

EXHIBIT I

INITIAL NOTICE OF CLAIM FOR DAMAGES AGAINST THE STATE OF NEW JERSEY

FORWARD TO: TORT AND CONTRACT UNIT
 DEPARTMENT OF THE TREASURY, BUREAU OF RISK MGMT.
 PO BOX 620
 TRENTON, NEW JERSEY 08625
 PHONE: (609) 292-4347

FORM MUST BE FILED WITHIN 90 DAYS OF THE ACCIDENT OR YOU MAY FORFEIT YOUR RIGHT

1. CLAIMANT:

<u>Olmo</u>	<u>Rafael</u>	<u>J.</u>	<u>07/15/1983</u>
LAST NAME	FIRST	MIDDLE	DATE OF BIRTH
<u>Cass & Federal Sts.</u>			<u>P.O. Box 861</u>
STREET ADDRESS			MAILING ADDRESS IF OTHER THAN STREET ADDRESS
<u>Trenton</u>	<u>N.J.</u>	<u>08625</u>	<u>[REDACTED]</u>
CITY	STATE	ZIP CODE	SOCIAL SECURITY NUMBER

2. IF NOTICES AND CORRESPONDENCE IN CONNECTION WITH THIS CLAIM ARE TO BE SENT TO A PERSON OTHER THAN CLAIMANT, COMPLETE ITEM #2.

<u>NAME</u>			<u>MAILING ADDRESS</u>
<u>CITY</u>	<u>STATE</u>	<u>ZIP CODE</u>	

RELATIONSHIP TO CLAIMANT: ATTORNEY AT LAW ☐ OR EXPLAIN RELATIONSHIP

THE OCCURRENCE OR ACCIDENT WHICH GAVE RISE TO THIS CLAIM:

3a. On or about April 2016 - May 2016

DATE	TIME
------	------

b. DESCRIBE THE LOCATION OR PLACE OF THE ACCIDENT OR OCCURENCE.

<u>Trenton</u>	<u>New Jersey State Prison</u>
MUNICIPALITY	EXACT LOCATION OF THE OCCURRENCE

- c. DESCRIBE HOW THE ACCIDENT OR OCCURENCE HAPPENED: IF A DIAGRAM WILL ASSIST YOUR EXPLANATION, PLEASE USE THE REVERSE SIDE OF THIS FORM.

Medical failed to provide prescribed medication

- d. STATE THE NAME AND ADDRESS OF THE STATE AGENCY OR AGENCIES THAT YOU CLAIM CAUSED YOUR DAMAGE.

New Jersey Department of Corrections - Whittlesy Rd. P.O. Box

863 Trenton, N.J. 08625-0863 / University Medicine & Dentistry

of New Jersey - 50 Bergen St. Newark, N.J. 07103

STATE THE NAMES OF STATE EMPLOYEES WHOM YOU CLAIM WERE AT FAULT, INCLUDING ANY INFORMATION THAT WILL ASSIST IN IDENTIFYING AND LOCATING THEM.

Steven Johnson - Administrator at the New Jersey State Prison

(NJSP) Mary Lang - Head of Medical Department of NJSP, Nurse Neary Nurse

Supervisor at NJSP, Jane Doe, John Doe, any other health authority responsible
for providing medication.

- e. STATE THE NEGLIGENCE OR WRONGFUL ACTS OF THE STATE AGENCY AND STATE EMPLOYEES WHICH CAUSED YOUR DAMAGES.

Failure to provide prescribed medication, negligent supervision or training

resulting in failure to provide prescribed medication, inadequate policy or

custom resulting in failure to provide prescribed medication.

- f. STATE THE NAME AND ADDRESS OF ALL WITNESSES TO THE ACCIDENT OR OCCURRENCE.

- g. STATE THE NAMES OF ALL POLICE OFFICERS AND POLICE DEPARTMENTS WHO INVESTIGATED THIS ACCIDENT.

- 4a. CLAIM FOR DAMAGES (CHECK APPROPRIATE BLOCK):

☒ PERSONAL INJURY ☐ PROPERTY DAMAGE

☐ OTHER - EXPLAIN IN DETAIL

5. THE AMOUNT OF THE CLAIM. \$50,000

6. HAVE YOU MADE A CLAIM AGAINST ANYONE ELSE FOR ANY OF THE LOSSES OR EXPENSES CLAIMED IN THIS NOTICE?

No

IF YES, SET FORTH THE NAME AND ADDRESS OF ALL PERSONS AND INSURANCE COMPANIES AGAINST WHOM YOU HAVE MADE SUCH CLAIMS:

7. ARE ANY OF THE LOSSES OR EXPENSES CLAIMED HEREIN COVERED BY ANY POLICY OF INSURANCE?

I don't know

FOR EACH SUCH POLICY, STATE THE NAME AND ADDRESS OF THE INSURANCE COMPANY, POLICY NUMBER AND BENEFITS PAID OR PAYABLE

8. HAVE YOU RECEIVED OR AGREED TO RECEIVE ANY MONEY FROM ANYONE FOR THE DAMAGES CLAIMED HEREIN?

☐ YES ☒ NO

IF YES, SET FORTH THE DETAIL OF SUCH AGREEMENT.

9. THE FOLLOWING ITEMS MUST BE SUBMITTED WITH THIS NOTICE:

- (1) COPIES OF ITEMIZED BILLS FOR EACH MEDICAL EXPENSE AND OTHER LOSSES AND EXPENSES CLAIMED.
- (2) FULL COPIES OF ALL APPRAISALS AND ESTIMATES OF PROPERTY DAMAGE CLAIMED BY YOU.
- (3) COPIES OF ALL WRITTEN REPORTS OF ALL EXPERT WITNESSES AND TREATING PHYSICIANS.
- (4) A LETTER FROM YOUR EMPLOYER VERIFYING YOUR LOST WAGES. IF SELF-EMPLOYED, A STATEMENT SHOWING THE CALCULATION OF YOUR CLAIMED LOST INCOME.

I HEREBY CERTIFY THAT THE FOREGOING STATEMENTS MADE BY ME ARE TRUE. THAT THE ATTACHED STATEMENTS, BILLS, REPORTS AND DOCUMENTS ARE THE ONLY ONES KNOWN TO ME TO BE IN EXISTENCE AT THIS TIME. I AM AWARE THAT IF ANY STATEMENT MADE HEREIN IS WILLFULLY FALSE OR FRAUDULENT, THAT I AM SUBJECT TO PUNISHMENT PROVIDED BY LAW.

06/27/2016
DATE

Rafael J. Olms
CLAIMANT OR PERSON FILING ON BEHALF OF CLAIMANT